

Rapid Salvage Survey

Fill this sheet out as completely as possible, when seeking salvage engineering assistance, and contact the SERT duty member using the contact information listed on page 2 of this document. All fields marked with an “*” are necessary for increased accuracy of salvage calculations. This document can be found at www.uscg.mil/hq/msc/casinfo.pdf

Vessel Name: _____ O.N. / Class ID: _____

Dimensions: *L: _____ *B: _____ *D: _____

Vessel Specifics: *Full Load Draft: _____ *Service Speed: _____

*Vessel Type: ☐ Barge Carrier ☐ Barge w/o rake ☐ Barge w/rake
☐ Tank Ship ☐ Bulk Carrier ☐ Break Bulk
☐ Containership ☐ RO/RO ☐ LPG/LNG Carrier
☐ OBO ☐ Other: _____

Type of Casualty: *(Check all that apply)*

☐ Fire ☐ Explosion ☐ Grounding ☐ Collision/Allision
☐ Flooding ☐ Sinking ☐ Capsizing ☐ Oil/HAZMAT spill
☐ Structural Damage ☐ Other: _____

Date/Time of Casualty: _____ Position: Lat. _____
Long. _____

Reported Damage/Pollution	
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***Drafts**

Pre-Casualty Date/Time Taken:_____.			Post-Casualty Date/Time Taken:_____.	
Port	Starboard		Port	Starboard
		Forward		
		Midships		
		Aft		

*Bottom Type				
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<input type="checkbox"/> Silt/mud	<input type="checkbox"/> Sand	<input type="checkbox"/> Coral	<input type="checkbox"/> Rock	<input type="checkbox"/> N/A
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Description of Vessel Cargo

Aim/intent of Salvage Operation: <i>(Check all that apply)</i>

<input type="checkbox"/> Lighter/Transfer	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Lifting	<input type="checkbox"/> Towing
<input type="checkbox"/> Patching	<input type="checkbox"/> Beach Gear	<input type="checkbox"/> Other _____	

Technical Assistance Requested: <i>(Check all that apply)</i>
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What technical assistance would you like us to provide:

<input type="checkbox"/> Salvage Plan Review	<input type="checkbox"/> Oil Outflow Analysis	<input type="checkbox"/> Ground Reaction
<input type="checkbox"/> Force to Free	<input type="checkbox"/> Structural Analysis	<input type="checkbox"/> Stability Analysis
<input type="checkbox"/> Review Lightering Plan	<input type="checkbox"/> Other: _____	

Salvage Information Available: <i>(Check all that apply)</i>

<input type="checkbox"/> General Arrgmnt Plan	<input type="checkbox"/> Loading Plan	<input type="checkbox"/> Trim & Stability Book
<input type="checkbox"/> Section Modulus	<input type="checkbox"/> Midship Section	
<input type="checkbox"/> Computer Model (HECSALV, GHS, SCHP, Etc.)	<input type="checkbox"/> Other _____	

Your Contact Information

CG Contact: _____(name) _____(phone)
_____(fax) _____(other)

SERT Contact Information

Workday Contact Information (M-F, 0700-1600):

Duty Member Pager: (866) 263-4919 Day Telephone: (202) 366-6480
Day Fax: (202) 366-3877 mark fax "Salvage Team - URGENT"

After Hours Contact Information:

Duty Member Pager: (866) 263-4919 Flag Plot 1-800-323-7233